

PROPOSED HOSPITAL FOR CAMBERWELL.

SIR,—I learn from our local press that you have opened your columns to a correspondence upon the proposed general hospital for Camberwell. The philanthropic intentions of the proposers of this scheme have all my sympathy, but I fear that the scheme, if launched, would end in disaster. "More hospital accommodation should be provided for South London" we are told.

In Mr. Gladstone's letter, which lies before me, it is stated that there are 100 beds unemployed in Guy's Hospital from want of pecuniary means to keep them open, and that unless a considerable sum can be obtained a further closing of a portion of the hospital will have to be made. I learn that St. Thomas's Hospital is in a like crippled condition from want of means, having about 150 beds vacant.

Have the proposers of a general hospital for Camberwell any funds at their disposal? If so, is it not their obvious duty, and would it not be praiseworthy on their part, to utilise those funds in making once more available the accommodation already existing, but in painful idleness at Guy's and St. Thomas's? A new hospital would necessitate the acquisition of a site, erection of buildings, provision of beds, equipment and staff, involving a very large outlay, before a patient could be admitted.

Do the promoters of the scheme rely upon diverting subscriptions from already starving charities to effect their purpose? Where is their justification?

We have in our midst, in Havil Street, an up-to-date infirmary, with 450 beds under the care of an efficient medical and nursing staff directed by a resident medical superintendent. On the other side, in Constance Road, we have a sister institution with 898 beds, also having an experienced medical and nursing staff. We have two dispensaries—apart from the provident dispensary, which has been so deservedly commended in your columns—and we have eight district medical officers. In the face of these facts the general hospital scheme savours of an unmerited reflection upon the large-hearted and broad-minded local authorities. We are told that the institution is to benefit surrounding parishes. We do not need an institution here which would attract into Camberwell the *lazzaroni* of neighbouring parishes. Our own poor are groaning under a rate of 6s. 10d., and we do not wish to see their burdens augmented or the scanty beneficence which now reaches them diverted into another channel.

Mr. Jephson has sent you a copy of a resolution which was carried at a so-called public meeting in our Vestry Hall. The meeting was, in my opinion, a failure so far as local representation went.

I regret, for his own sake, that Mr. Jephson did not send you the vestry's own resolution upon the subject. I use the freedom of supplying his omission. I take it from the minutes of the vestry of August 14th, two months after the very public meeting:—

"Report of the Finance Committee.—Your Committee has considered the reference to it from the vestry of a letter from Mr. Waugh, secretary to the Committee for the proposed General Hospital for South London, enclosing resolution asking the vestry to call a public meeting for the discussion of this subject. A letter has also been received from the London County Council stating that an offer has been received by the Council to take on lease the remainder of the surplus land in the Coldharbour Lane improvement with a view to erecting such hospital thereon, and asking the views of the vestry upon such proposal; recommending that the Council be informed this vestry is of opinion that the site is not a suitable one, and that pending the decision as to the same no further steps be taken as to the vestry calling a meeting."

This recommendation was carried *nem. con.*, not in a thin public meeting, but in full vestry.

I fear that Mr. Jephson is not too well acquainted with this locality. I write as a resident in it of some years' standing, and whose membership of its Board of Guardians and vestry should tell him something of its requirements and resources. —I am, etc.,

Denmark Hill, S.E., Dec. 5th.

WHITWORTH ST. CRODD.

PRURITUS.

SIR,—Your valuable report on pruritus, with remarks of the distinguished dermatologists who took part in the discussion are not only interesting but an important contribution to cutaneous medicine. However, what has struck me as singular is the fact that not one of the speakers mentions the advantages of linen to be worn next the skin in itching or other irritable conditions of skin. The ordinary Irish linen probably is rather "cold" for winter wear. However, for years I have recommended Balbriggan "Flaxonia," especially the most porous kind. This linen is made from pure flax, is knitted in place of being woven, and improves with washing. It is far over silk or any cotton garment for comfort.—I am, etc.,

Belfast, Dec. 2nd.

H. S. PURDON, M.D.

A NOVEL APPLICATION OF TENDON GRAFTING.

SIR,—Under the above heading in the *EPIGRAM* of November 30th, you describe as a new operation the grafting of part of the tendon of a healthy muscle into the distal end of the tendon of a paralysed muscle. I beg to refer you to a case of a similar nature which I showed at a meeting of the Lancashire and Cheshire Branch of the British Medical Association in June last, which was operated on in February, 1894, and fully reported in the July number of the *Liverpool Medico-Chirurgical Journal*.—I am, etc.,

Liverpool, Dec. 6th.

F. T. PAUL.

VENESECTION IN CHLOROFORM POISONING.

SIR,—In reading the constantly recurring accounts of death from chloroform, I have never noticed that bleeding the patient has been tried. As a rule, in these reports there is no account of a *post-mortem* examination, but in some of those reported I have noticed that the left ventricle is stated to be empty and the right full.

Now, it strikes me if the engorgement of the right side could be relieved there would be a much greater chance of the patient's recovery. The bleeding might be supplemented by galvanism to stimulate the heart's action. No harm, at any rate, would be done in bleeding, as none of the usual remedies have any beneficial effect, the patient always dying if the pulse ceases before the respiration. I should recommend opening the jugular vein as more directly relieving the heart.

Many years ago, when I was house-surgeon at the Children's Hospital, Shadwell, I noticed that at the *post-mortem* examinations of children dying from morbus cordis, the right side of the heart was engorged and the left empty, although just before death the child had been pale and not at all cyanotic. I determined to bleed in the next case of impending death in morbus cordis. A few nights later I was called to a child with morbus cordis—I forget the particular form—and found him pale, pulseless, and apparently *in extremis*. I opened the jugular vein, and with difficulty got the blood to flow, but after a very little blood had come the child roused up and seemed much relieved; by the next morning he was quite himself again.—I am, etc.,

Clapton, N.E., Dec. 2nd.

FRED. H. SPOONER, M.D.

OBITUARY.

ROBERT GORDON TATHAM, M.R.C.S., L.S.A.

WE regret to have to record the death on December 3rd, at the age of 66, of Mr. R. G. Tatham, of East India Road, an old and well-known practitioner of Poplar, where his family have practised for hard on a century. Mr. Tatham received his medical education at the London Hospital, and obtained the diploma of L.S.A. in 1851, in which year he joined his father, the late Mr. Christopher Tatham. He took the diploma of M.R.C.S. in 1856, and eventually succeeded his father as Surgeon to the Trinity House and to the East and West India Dock Companies. Mr. Tatham took a warm interest in all social and philanthropic work in the district in which he resided, and where he was much respected. He will be missed also by many friends at the Hunterian Society, of which he was at one time Vice-President. He was a Surgeon-

¹ See p. 534 Minutes, *THE BRITISH MEDICAL JOURNAL*.